## Case 19-10670-amc Doc 40 Filed 10/28/19 Entered 10/28/19 15:47:23 Desc Main Document Page 1 of 2

	in this information	4- :- 4:6					Ì					
	in this information btor 1	Bobby M All										
	otor 2 ouse, if filing)											
Uni	ted States Bankrup	otcy Court for the	: EASTERN DISTRICT	OF PENNSYLVANIA	A							
Case number 19-10670amc							Ch	eck if this is	• •			
(If kr	nown)			-				An amende	ed filing			
_										g postpetition ollowing date:		
	fficial Form							MM / DD/ Y	YYYY			
S	chedule I:	Your Inc	ome								12/15	
atta	ch a separate she  tt 1: Describ  Fill in your emp	eet to this form.	r spouse is not filing w On the top of any additi					number (if	known). A	inswer every		
	information.							Debtor 2 or non-filing spouse				
	If you have more attach a separate information abou	e page with	Employment status	<ul><li>■ Employed</li><li>□ Not employed</li></ul>				☐ Employed ☐ Not employed				
	employers.		Occupation	applications de								
	Include part-time self-employed wo		Employer's name	Comhar Inc								
	Occupation may or homemaker, if					3						
			How long employed t	here? 17 yrs								
Pai	t 2: Give De	etails About Mor	nthly Income									
	mate monthly incuse unless you are		ate you file this form. If	you have nothing to r	report for	any	ine, wi	ite \$0 in the	space. Inc	clude your no	n-filing	
•	ou or your non-filing e space, attach a s	, ,	ore than one employer, co	ombine the information	on for all e	emplo	oyers f	or that perso	on on the li	nes below. If	you need	
							For D	ebtor 1		btor 2 or ng spouse		
2.		r gross wages, salary, and commissions (b If not paid monthly, calculate what the month			2.	\$		5,226.02	\$	N/A		
3.	Estimate and list monthly overtime pay.				3.	+\$		0.00	+\$	N/A		
4.	Calculate gross Income. Add line 2 + line 3.				4.	\$	5,	226.02	\$	N/A		

Debt	tor 1	Bobby M Allen	-	(	Case	number (if kno	own)	19-10	670an	nc	
	Con	y line 4 here	4.		For	Debtor 1 5,226	02		ebtor filing s	2 or pouse N/A	_
	COL	y line 4 nere	4.		Ψ_	3,220	.02	Ψ		IN/ <i>F</i>	<u> </u>
5.	List	all payroll deductions:									
	5a.	Tax, Medicare, and Social Security deductions	58	a.	\$_	1,177	.54	\$		N/A	<u>\</u>
	5b.	Mandatory contributions for retirement plans	5b		\$_		.00	\$		N/A	_
	5c.	Voluntary contributions for retirement plans	50		\$_	104		\$		N/A	_
	5d. 5e.	Required repayments of retirement fund loans Insurance	50 56		\$ \$	172		\$		N/A	
	5e. 5f.	Domestic support obligations	5f		\$ _	252 363		\$ 		N/A	
	5g.	Union dues	50		\$_		.00	\$		N/A	
	5h.	Other deductions. Specify:		า.+	\$			+ \$		N/A	_
6.	Add	the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6.		\$_	2,070	.34	\$		N/A	<u> </u>
7.	Cal	culate total monthly take-home pay. Subtract line 6 from line 4.	7.		\$_	3,155	.68	\$		N/A	<u>\</u>
8.	List 8a.	all other income regularly received:  Net income from rental property and from operating a business, profession, or farm  Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	8a	Э.	\$	0	.00	\$		N/A	<b>.</b>
	8b.	Interest and dividends	8b	٥.	\$_		.00	\$		N/A	_
	8c.	Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	80		\$_		.00	\$		N/A	
	8d.	Unemployment compensation	80	d.	\$		.00	\$		N/A	_
	8e.	Social Security	86	€.	\$_	0	.00	\$		N/A	<u>\</u>
	8f.	Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies.  Specify:	8f		\$		.00_	\$		N/A	
	8g.	Pension or retirement income	80	-	\$_		.00	\$		N/A	_
	8h.	Other monthly income. Specify:	_ 8r	Դ.+ 	\$_	U	.00	+ \$		N/A	<u>\</u>
9.	Add	all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.		\$	0	.00	\$		N/	Ά.
10	Calc	culate monthly income. Add line 7 + line 9.	10.	\$		3,155.68	+ \$		N/A	= \$	3,155.68
		the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.		<b>Т</b> –		3,133.00	.		14/7	_	3,133.00
11.	11. State all other regular contributions to the expenses that you list in <i>Schedule J</i> .  Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives.  Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in <i>Schedule J</i> .  Specify:  11. +\$ 0.00										
12.		the amount in the last column of line 10 to the amount in line 11. The rese that amount on the Summary of Schedules and Statistical Summary of Certainies							12.	\$	3,155.68
13.	Do	you expect an increase or decrease within the year after you file this form	?						l	Comb month	ined ily income
		No. Yes Explain: Debtor will seek reduction in DSO when son turn		Q in	Λ	auet 2010					

Official Form 106l Schedule I: Your Income page 2